



State of Vermont  
2007 ESTIMATE OF INSURANCE PREMIUM TAX  
Vermont Department of Taxes, 133 State Street, Montpelier, VT 05633-1401

FID # \_\_\_\_\_ NAIC # \_\_\_\_\_ Annual Estimated Tax \$ \_\_\_\_\_

Company Name and Address

See reverse for instructions

1. Estimated or Actual  
Tax (3rd Quarter) . . . . . \$ \_\_\_\_\_

2. Amount of This Payment . . \$ \_\_\_\_\_

Make checks payable to: **VERMONT DEPARTMENT OF TAXES**

I hereby certify this return is true, correct, and complete to the  
best of my knowledge.

Signature of Preparer Other Than Taxpayer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Responsible Officer \_\_\_\_\_ Date \_\_\_\_\_

Preparer's Printed Name \_\_\_\_\_ Preparer's Telephone number \_\_\_\_\_



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FID # \_\_\_\_\_ NAIC # \_\_\_\_\_ Annual Estimated Tax \$ \_\_\_\_\_

Company Name and Address

See reverse for instructions

1. Estimated or Actual  
Tax (2nd Quarter) . . . . . \$ \_\_\_\_\_

2. Amount of This Payment . . \$ \_\_\_\_\_

Make checks payable to: **VERMONT DEPARTMENT OF TAXES**

I hereby certify this return is true, correct, and complete to the  
best of my knowledge.

Signature of Preparer Other Than Taxpayer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Responsible Officer \_\_\_\_\_ Date \_\_\_\_\_

Preparer's Printed Name \_\_\_\_\_ Preparer's Telephone number \_\_\_\_\_



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FID # \_\_\_\_\_ NAIC # \_\_\_\_\_ Annual Estimated Tax \$ \_\_\_\_\_

Company Name and Address

See reverse for instructions

1. Estimated or Actual  
Tax (1st Quarter) . . . . . \$ \_\_\_\_\_

2. Amount of This Payment . . \$ \_\_\_\_\_

Make checks payable to: **VERMONT DEPARTMENT OF TAXES**

I hereby certify this return is true, correct, and complete to the  
best of my knowledge.

Signature of Preparer Other Than Taxpayer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Responsible Officer \_\_\_\_\_ Date \_\_\_\_\_

Preparer's Printed Name \_\_\_\_\_ Preparer's Telephone number \_\_\_\_\_

ALL COMPANIES, ASSOCIATIONS, OR SOCIETIES WHOSE AGGREGATE TAX LIABILITY REASONABLY CAN BE EXPECTED TO EXCEED \$500.00 FOR THAT CALENDAR YEAR MUST MAKE QUARTERLY PAYMENTS. QUARTERLY PAYMENTS ARE DUE ON OR BEFORE THE LAST DAY OF THE SECOND CALENDAR MONTH FOLLOWING THE QUARTERS ENDING MARCH, JUNE, SEPTEMBER, AND DECEMBER. AS PROVIDED IN SECTION 8553, TITLE 32, VERMONT STATUTES ANNOTATED, THE DECEMBER QUARTERLY SHALL BE FILED ANNUALLY ON THE FINAL RECONCILIATION TAX RETURN IP-1 ON OR BEFORE THE LAST DAY OF FEBRUARY.

**COMPANIES, ASSOCIATIONS, OR SOCIETIES WITH ANNUAL TAX LIABILITY REASONABLY EXPECTED TO BE LESS THAN \$500.00 SHALL FILE ANNUALLY FORM IP-1 TAX RETURN ON OR BEFORE THE LAST DAY OF FEBRUARY.**

PLEASE COMPLETE FORM TO ENSURE PROPER CREDIT AGAINST YOUR LIABILITY. IF YOUR TAX LIABILITY IS LESS THAN \$500, YOU DO NOT NEED TO SEND IN A "ZERO" VOUCHER.

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